



AUTHORIZATION FOR PREAUTHORIZED MORTGAGE LOAN PAYMENT

*****A COPY OF THIS COMPLETED AND SIGNED FORM MUST BE GIVEN TO THE CUSTOMER*****

I authorize First Hawaiian Bank ("FHB") to begin deductions through electronic funds transfers from my account at the financial institution listed below for payment of my monthly mortgage loan payment. I also authorize the financial institution named below to charge my designated account to pay my mortgage loan payment. I understand that my loan must be current in order to begin making my monthly payment automatically. I further understand that in order for my automatic payments to continue, my loan must be current at least 10 days before the next scheduled draft day.

Mortgage Loan Account Number -

Name (as shown on loan)	Daytime Phone Number
Name on Account (if different from above)	Daytime Phone Number

Account type <small>(check box that applies)</small>	*For checking accounts: attach check marked "VOID" below <i>or</i> complete the information below:	
<input type="checkbox"/> Checking Account*	Name on Account (if different from above):	
<input type="checkbox"/> Savings Account	Financial Institution Name:	Branch (if applicable):
<input type="checkbox"/> FHB Maximizer Account	Bank Routing Number:	
<input type="checkbox"/> Credit Union Share Draft Checking Account	Account Number:	

Day Requested for Charge: _____. (Select within 10 days of your due date. For example, if your due date is the 1st of the month, you may select up to the 10th of the month as your charge date.) Beginning (month/year): _____.

If the requested day falls on the weekend or a holiday, the charge will be processed on the next business day.

Optional: Request for additional monthly principal reduction.
 Amount of monthly principal reduction \$ _____. (If principal reduction is requested, the amount indicated will be applied as a separate transaction on your mortgage loan account.) If you wish to change the amount of the monthly principal reduction, please contact our Mortgage Service Center at P.O. Box 1959, Honolulu, HI 96805-1959. This amount will not change unless you give us written notice.

I hereby authorize FHB at Mortgage Service Center P.O. Box 1959, Honolulu, HI 96805-1959, to charge my account at the financial institution listed above for my monthly mortgage loan payment. FHB will deduct the actual mortgage loan payment due plus the dollar amount of the optional monthly principal reduction you request above. FHB will not process automatic payment deductions if my financial institution does not offer electronic funds transfer services. I agree that this authorization will only become effective after FHB has had sufficient time to process this request and will remain in effect until revoked by me or FHB. To change or terminate this authorization, I agree to give FHB written notice at the address indicated above, at least ten (10) working days before my monthly payment is due. I also agree that FHB may terminate this authorization for any reason by notifying me at least ten (10) working days before my monthly payment is due. If this authorization is terminated for any reason, I agree to make further payments by other methods permitted by the loan agreement. FHB is not responsible for any failure by my financial institution to forward my monthly mortgage loan payment when due. I understand that I will still be responsible for any late fees, charges or other consequences of late or non-payment, whether because of insufficient funds, my error or the error of my financial institution. I understand that the state law that will apply to this authorization and all transactions made under it will be the law of the state where the property securing my loan is located. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I also understand that my monthly payment may change due to variances in taxes, insurance premiums, etc. If I have an ARM loan, I understand my monthly payment may change periodically based on changes in the interest rate. I understand that by requesting an automatic payment I will not be receiving a coupon book for my monthly payment. Confirmation of my request for preauthorized payment will be sent to me. By signing below, I acknowledge receipt of a copy of this Authorization Agreement, which I may retain for my records.

Authorized Signature	Date	Authorized Signature	Date
Printed Name		Printed Name	

*Attach voided check here

Check must show the financial institution's name, routing number and complete account number